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APPLICANTS									
Scott Levine	, Orlar	ndo, FL;							
** CONTINUING DATA **********************************									
** FOREIGN APPLICATIONS ************************************									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/27/2001									
Foreign Priority claimed						HEETS	TOTAL		INDEPENDENT
Verified and Acknowledged Examiner's Signature Initials COUNTI					DR	RAWING CLAIMS			CLAIMS 5
ADDRESS Scott Levine MD 7350 Sandlake Com Orlando,FL 32819	nmons	Blvd., Ste 2215							
TITLE ULTRA-HIGH FIBEI TOXINS.	R SUP	PLEMENT AND METHO	OF RED	UCING WEIGHT	CARE	DIOVASCU	LAR RIS	SKS AND	INGESTED
						☐ All Fees			
FILING FEE  RECEIVED 1011	FEES: Authority has been given in Pap			aper		1.16 Fees (Filing)  1.17 Fees (Processing Ext. of time)			
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